



APPLICATION FOR NOMINATION PAPERS
STATE OF HAWAII

The information contained on this form will be released to the public with the exception of Social Security Number, birth date, and residence address.

Type or print all information in black ink. Failure to print legibly or to complete all requested items may prevent acceptance of application.

SECTION I: CANDIDATE INFORMATION

1. Social Security Number

2. Current Felony Conviction
[] Yes [] No

3. Indigent
[] Yes [] No

4. Gender
[] Male [] Female

5. Legal Name: (Lastname, First Middle Initial(s))

6. Name Commonly Known As (if different from legal name)

7. Legal Residence Address (House number, Street, Apartment Number)

8. If no Street Address, Describe Location of Residence

9. Mailing Address (if different from Item 7; Hawaii address only)

10. Date of Birth

11. Telephone Number:
Residence: Business: Other:

12. E-Mail Address

13. Internet Web Address

14. Read the following and check "Yes" or "No"
I am a citizen of the United States of America [] YES [] NO
I am a resident of the State of Hawaii [] YES [] NO
I am a registered voter of the State of Hawaii [] YES [] NO

SECTION II: CONTEST INFORMATION

15. Contest Title (Enter One Contest Only)

16. Jurisdiction or District (Enter One District Only)

17. Party Affiliation or Nonpartisan

18. Party Member?
[] Yes [] No

19. Name of Contact Person

20. Relationship of Contact Person

21. Telephone Number:
Residence: Business: Other:

22. The information provided in Sections I and II herein is true and correct and I hereby authorize the Chief Election Officer and/or the City/County Clerk to verify the above information.

Applicant Signature: Date:

SECTION III: FOR OFFICE USE ONLY. CANDIDATES DO NOT WRITE BELOW THIS LINE.

Issued the following to the candidate:
[] Nomination Papers [] Manual [] Ethics Comm. [] Campaign Spending Packet [] Election Laws

Registration Status Verified:
[] Yes [] No

District/Precinct:

OBTS Verified:
[] Yes [] No

Candidate Profile Signed:
[] Yes [] No

Contest Code (office-district-party):

Date & Time Issued:

Issued By:

Location:

Typed Ballot Name (27 spaces)

I certify that the above ballot name is correct. (Initial by Candidate)

Map Number(s) Issued:

Date & Time Filed:

Received By:

Location:

Affidavit of Compliance Filed:
[] Yes [] No

Filing Fee Amount Received:
\$

Receipt Number:

Entered in CF program:

Comments:

NOTE: State & County Candidates are required to provide their social security numbers (See HRS§11-15, the Hawaii State Constitution, and the County Charters). Federal candidates are not required by law to provide such information. Pursuant to Section 7 of the Federal Privacy Act (P.L. 93-579). Be advised that social security information may be released to governmental agencies for governmental purposes. (Office of Elections, Revised December 2001)